

| CLAIMS ONLY | | | | | | | Application Number <u>10801934</u> | | Filing Date | |
|---|----------|--------|-----------------------|--------|------------------------|--------|------------------------------------|--------|-------------|--------|
| | | | | | | | Applicant(s) | | | |
| * May be used for additional claims or amendments | | | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | |
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| Total Indep | | | | | | | Total Indep | | | |
| Total Depend | | | | | | | Total Depend | | | |
| Total Claims | | | | | | | Total Claims | | | |

BEST AVAILABLE COPY